

AMENDED IN ASSEMBLY JANUARY 23, 2012

AMENDED IN ASSEMBLY JANUARY 5, 2012

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

ASSEMBLY BILL

No. 70

Introduced by Assembly Member Monning
(Coauthor: Assembly Member V. Manuel Pérez)

December 16, 2010

An act to add Chapter 4.5 (commencing with Section 104250) to Part 1 of Division 103 of the Health and Safety Code, relating to public health.

LEGISLATIVE COUNSEL'S DIGEST

AB 70, as amended, Monning. State Department of Public Health: federal funding opportunities.

Existing law requires the State Department of Public Health to perform various duties relating to public health, including, but not limited to, administering programs related to the prevention of chronic diseases.

~~This bill would require the State Department of Public Health to examine its internal processes and develop a plan to increase the department's flexibility to apply for, and be more responsive to, federal funding opportunities using all appropriate methods, including, but not limited to, direct applications and applications in partnership with other public and nonprofit public health entities to develop a stronger evidence base of effective prevention programming and engage in prevention and health education activities.~~

This bill would provide that, in regard to a request for applications, a funding opportunity announcement, or other similar solicitation, if specified requirements are met, the State Department of Public Health

may enter into an agreement with another eligible applicant making that applicant the lead agency, as specified. This bill would require a lead agency designee, among other things, to agree in advance to terms and conditions of the designation, set by the department, as specified.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature finds and declares as follows:

2 (a) Given the significant fiscal challenges ahead for California,
3 it is important for the Legislature to ensure that state agencies
4 maximize their opportunity to obtain additional federal funds,
5 particularly in cases where doing so could offset state General
6 Fund costs or assist the state with the transformation of California's
7 health care system and the health and well-being of California's
8 children, under appropriate federal laws including, but not limited
9 to, the Patient Protection and Affordable Care Act (ACA) (Public
10 Law 111-148), the Healthy, Hunger-Free Kids Act of 2010
11 (HHFKA) (Public Law 111-296), and the federal farm bill.

12 (b) The ACA is a historic opportunity for California to prioritize
13 preventive health programs that have been demonstrated to save
14 valuable health care dollars, produce positive patient outcomes in
15 a cost-effective manner, and move the current health care system
16 away from managing disease and toward prevention and health
17 promotion in order to improve the health of Californians.

18 (c) The HHFKA is a historic opportunity to improve the health
19 and well-being of California's children, prevent hunger, and reduce
20 the costly burden of diseases such as obesity and type II diabetes.
21 It provides valuable new federal resources for federal child nutrition
22 programs; requires the United States Department of Agriculture
23 to make significant improvements in the nutritional standards of
24 school meals; and provides federal grant funding to support
25 nutrition education and obesity prevention for low-income children
26 and families.

27 (d) The federal farm bill is a major agricultural and nutrition
28 bill that has a serious impact on priorities and programs that
29 influence public health. The farm bill addresses, among other
30 things, nutrition programs, and has designated federal funding for
31 nutrition education to support obesity prevention programming.

(e) It is the intent of the Legislature in enacting this act to take full advantage of federal funding opportunities, such as grants available under the ACA, the HHFKA, and the federal farm bill, to improve state health care and nutrition programs and invest in prevention and health education, with the goal of building, promoting, and sustaining healthy communities through a community prevention focus that includes efforts toward the reduction of chronic disease rates, the elimination of conditions that lead to health disparities, and an increase in the cultural and linguistic appropriateness of health and nutrition services.

(f) The State Department of Public Health, has, over several decades, worked successfully to secure federal *and private* resources through direct applications and applications in partnership with California-based nonprofit health organizations. It is the intent of the Legislature to encourage the State Department of Public Health to continue to take advantage of all means at its disposal to maximize and secure ~~federal~~ *funding* resources for the state ~~and to develop a plan to increase the department's flexibility to apply for,~~ and be more responsive to, federal *and private* funding opportunities using all appropriate methods, including, but not limited to, direct applications and applications in partnership with other California-based public and nonprofit public health entities.

SEC. 2. Chapter 4.5 (commencing with Section 104250) is added to Part 1 of Division 103 of the Health and Safety Code, to read:

CHAPTER 4.5. ~~FEDERAL~~ FUNDING FOR DISEASE PREVENTION
AND HEALTH EDUCATION

~~104250. The State Department of Public Health shall examine its internal processes and develop a plan to increase the department's flexibility to apply for, and be more responsive to, federal funding opportunities using all appropriate methods at its disposal, including, but not limited to, direct applications and applications in partnership with other public and nonprofit health entities for federal grants, such as those available under the Patient Protection and Affordable Care Act (Public Law 111-148), the Healthy, Hunger-Free Kids Act of 2010 (Public Law 111-296), and the federal farm bill, to allow the state to develop a stronger evidence base of effective prevention programming and engage~~

~~in prevention and health education activities that achieve, at a minimum, all of the following:~~

104250. (a) (1) If all of the following conditions are met, the department may take any of the actions specified in paragraph (2).

(A) There is a request for application, funding opportunity announcement, or other similar solicitation issued by the federal government, a state or local government outside of California, or a nonprofit corporation, or their contractors, grantees, or agents.

(B) The State Department of Public Health is eligible to apply to the application, funding opportunity announcement, or solicitation.

(C) The application, funding opportunity announcement, or solicitation is for a public health project that advances the goals described in subdivision (c) and the goals are, in whole or in part, within the powers of the department.

(2) If all of the requirements of paragraph (1) have been met, the department may take any of the following actions:

(A) The department may enter into a memorandum of understanding or agreement with another eligible applicant or entity formed by two or more eligible applicants. The memorandum of understanding or agreement shall provide that the other eligible applicant will respond to the application, funding opportunity announcement, or solicitation as the lead agency.

(B) If eligibility to apply to an application, funding opportunity announcement, or solicitation is restricted to state and local health departments, and entities designated by state and local health departments, the department may enter into a written memorandum of understanding or agreement with a local health department and its designees, public or private institution of higher education, nonprofit organization, or separate entity controlled by two or more of these entities. The memorandum of understanding or agreement shall provide that the entity will be designated by the department, in writing, to respond to the solicitation as the lead agency.

(b) (1) The department may notify local health departments, public or private institutions of higher education, nonprofit corporations whose purpose includes public health, and separate entities controlled by two or more of these entities, of the opportunity to submit their credentials for designation as a lead

1 agency pursuant to subparagraphs (A) and (B) of paragraph (2)
2 of subdivision (a). The department may review the credentials of
3 entities that respond to the notice and designate a qualified lead
4 agency for purposes of responding to and administering the
5 activities described in a request for application, funding
6 opportunity announcement, or other similar solicitation.

7 (2) A qualified lead agency designee shall have the institutional
8 capacity to respond to and administer the activities described in
9 a request for application, funding opportunity announcement, or
10 other similar solicitation.

11 (3) A qualified lead agency designee shall agree in advance to
12 terms and conditions of designation specified by the department,
13 which shall include, but are not limited to, the following:

14 (A) Acceptance of full responsibility for compliance with the
15 terms and conditions of the award.

16 (B) Granting of permission to the state to use, reproduce,
17 modify, and distribute intellectual property arising out of the
18 performance of the award to the extent permitted by the award.

19 (C) Indemnification of the state from and against any claims,
20 expenses, or liability arising out of the award.

21 (D) Appropriate provisions for the cancellation of the
22 memorandum of understanding or agreement for the convenience
23 of the state.

24 (c) The goals of public health projects described in subdivision
25 (a) include any of the following:

26 ~~(a)~~

27 (1) The creation of healthier school and community
28 environments, including, but not limited to, healthful food options,
29 free drinking water, and physical activity.

30 ~~(b)~~

31 (2) The creation of an infrastructure to support active living and
32 access to nutritious foods.

33 ~~(c)~~

34 (3) The development and promotion of programs targeting a
35 variety of age levels to increase healthy eating, physical activity,
36 food security, smoking cessation, mental health, and safety, as
37 well as address special population needs.

38 ~~(d)~~

- 1 (4) The promotion and improvement of access to healthful food
- 2 options in schools, child care facilities, communities, worksites,
- 3 and other settings.
- 4 ~~(e)~~
- 5 (5) The assessment and implementation of worksite wellness
- 6 programs.
- 7 ~~(f)~~
- 8 (6) The prioritization of strategies to address inequities that lead
- 9 to racial and ethnic health disparities.